

—the forehead is constantly covered with great drops. There is no noticeable unilaterality to-day.

February 29—Lumbar puncture—done in 2nd l. V. L. spaces—20 cc. blood-tinged fluid withdrawn under no increased pressure.

Ventricular puncture—blood only.

March 6—The child looks better, has a fair color and is less restless and slightly less spastic. His appearance is more "hydrocephalic" than at any time in spite of the failure to demonstrate either internal or external hydrocephalus. The fontanelles and sutures are very tense.

March 9—Ventricular puncture—4.5 cc. blood-tinged fluid withdrawn.

Blood carbonates—47.8.

Carbonates in spinal fluid—44.

March 14—Carbonates in blood—47.

March 19—The baby died at 9:30 P. M.

Discussion:—As to differential diagnosis, the first question was one of hydrocephalus. From the appearance of the child, the wide open sutures, and the tenseness of them and the fontanelles, there was the suggestion of error in the family observation as to the onset of the head enlargement at the age of 9 months. The findings in the spinal fluid, however, spoke for an infectious process of some type, most probably an encephalitis occurring at that time with the development of a slowly increasing cerebral oedema and possibly gliosis. The question of tumor formation was thoroughly discussed, to be differentiated from the preceding hydrocephalus because of the well known similarity in clinical signs and the clinical progress of cases of this type, not only to cerebral oedema but to hydrocephalus interna. A solitary tubercle, abscess, or tumor may cause such symptoms and signs. Radiographs of the head, however, were essentially negative. The spinal fluid showed an old infectious process. The ventricles could not be tapped even by repeated puncture. Note was made of the sense of resistance to the needle in attempting ventricular puncture, but the true significance was not attached to it. The appearance at intervals of definitely unilateral signs, always left sided, naturally suggested either an acute process involving the right motor cortex or the irritative results of an old one. Failure to reach the ventricles, should they be displaced by a tumor would require rapid growth and immense size. Oedema and possibly gliosis of the brain would each develop more rapidly, interfere actively with absorption but also production of spinal fluid and dilated ventricles of any size need not be presupposed.

At autopsy an immense glial tumor leaving but a shell of cortex was found, mainly extending to the left, with a small implantation on the superior cerebellar peduncle, together with a granular ependymitis. The ventricles were displaced far to the sides.

Diagnosis:—Brain tumor, Meningo-encephalitis, Ependymitis, Cerebral oedema, Hydrocephalus interna, Rachitis, Reinitis, Broncho-pneumonia, Subacute suppurative otitis media, Spastic tetraplegia, Secondary tuberculosis of the lungs.

State Board of Medical Examiners

MEETING OF STATE BOARD OF MEDICAL EXAMINERS

At the regular meeting of the Board of Medical Examiners in San Francisco, June 28th to July 1st, 1920, a large amount of business was transacted. From the standpoint of number of applicants, this was one of the largest meetings the Board has held for some time. Approximately 218 reciprocity applications were considered, and approximately 145 applicants were admitted to write the examination for physician and surgeon certificate, drugless practitioner, chiropody, as well as a certificate to practice midwifery.

Nine Japanese applicants wrote the examination in their native language. After careful deliberation on the experiences of the Board in past examinations given in a foreign language, the following resolution was carried:

WHEREAS, Section 11 of the Medical Practice Act provides:

"All examinations . . . shall be conducted in the English language, and at least a portion of the examination in each of the subjects shall be in writing. The Board in its discretion upon the submission of satisfactory proof from the applicant that he is unable to meet the requirements of the examination in the English language, may allow the use of an interpreter either to be present in the examination room or to thereafter interpret and transcribe the answers of the applicant"; and

WHEREAS, The Board has heretofore exercised the

discretion granted to it by law to the end that examinations have been given in a foreign language; and

WHEREAS, The giving of examinations in foreign languages has been unsatisfactory and has resulted in attempts to impose upon the Board; and

WHEREAS, The number of applications to take the examinations of the Board in foreign languages is not sufficient to result in any appreciable benefit to the sick and afflicted in this state and is not commensurate with the labor necessary to safeguard such examinations; be it therefore

RESOLVED, That the Board of Medical Examiners of the State of California does hereby discontinue the policy heretofore adopted by it of giving examinations in foreign languages.

It was further determined that legal action be taken against those licentiates who, having failed to pay the annual tax as provided in Section 2, Chapter 81, Statutes of 1917, still continue practice.

The legal calendar was taken up on Tuesday, June 29th, and disposition made of an unusually long list of cases. It is regretted that space is too limited to publish a synopsis of this legal calendar, as it gives a remarkable insight into the ceaseless activities of the Board in enforcing the provisions of the Medical Practice Act of California.

ILLUSTRATING THE NEED FOR A STATE BOARD OF MEDICAL EXAMINERS

July 22, 1920.

Secretary Board Medical Examiners, of State of California.

Sacramento.

Dear Sir: In looking over the questions of the requirements for application for Licens, to practice Medicine and Surgery in California, I find one. Have you ever applied for a Licens in this State before? To this I answer yes.

I took the examination in Los Angeles in August 1906 and again in April 1907. In both instances was unsuccessful, as you will recall what happened to the members of that Board soon after that time. And I wanted to get my Licens upon merits.

Now, as my Almamater, the American Medical College of St. Louis, Mo. it has since gone out of existence, and as you already have my record on this matter, would like you to advise me, as to just what steps to take in the matter of getting my application certified to. And as I hold a Licens from Mo. upon examination 1900 Utah examination 1905 Nevada Reciprocity 1907 Colorado 1910. Which of these or all shall I base my claim for Reciprocity on. Also when the next meeting of the Board will be and where it will be held.

Thanking you in advance for your prompt answer to the above.

I AM Yours Truly,

T. O. D.

A WELL-DESERVED ENCOMIUM

7/23/20.

Chas. B. Pinkham, Sec., Sacramento, Cal.

Dear Sir: I wish to congratulate you and the Board on your representative, Angel C. Favatt, who has spent the last two days here.

For quick, aggressive action, he is there with bells and shows no fear or favor. He is after the crooked "Docs." like a good bird-dog after quail, and landed two here with very little difficulty. His work here before at my solicitation, with also that of Henderson, is worthy of commendation. A job of this kind is no place for a molly-coddle and this man Favatt by no stretching of the imagination can be put in the molly-coddle class. More power to him and you in your earnest efforts to clean up the undesirable and illegal "doctors."

Sincerely,

C. E. PEARSON, M. D.

City Health Officer, Turlock, California.

The Reply

Dr. C. E. Pearson, Health Officer,
Turlock, California.

San Francisco, Calif., August 2, 1920.

Dear Doctor Pearson: